

Addison's Disease

► Personal history

..... Male pt, 55 years old, from شبرا , manual worker, married, has 3 off springs, no special habits of medical importance.

► c/o

Change of the color of skin and tongue 20 years duration.

► HPI

The condition started 30 years ago by **night fever, night sweat, loss of appetite and loss of weight**. Few days later, the patient got an attack of **hemoptysis**, blood was bright red in colour, containing froth, then the patient sought medical advice and investigated by chest x-ray, CBC, and diagnosed as **pulmonary T.B** and took ttt in the form of streptomycin, INH, rifampicin and advised to follow this TTT for one year but the patient discontinued the treatment .

10 years later the patient developed excessive **pigmentation** in hands, face, neck, axillae, tongue and gums associated with marked **fatigue, weight loss, vomiting, polyuria, diarrhea** and **back pain**. The patient was admitted to hospitals and treated many times with IV fluids and vitamins.

In the last 5 years, the patient complained of **unsteadiness on sudden standing** with **headache, abdominal pain** the patient was admitted to hospital and investigated and took replacement therapy in the form of glucocorticoids and mineralocorticoids .

► Past history

No drugs, operation, disease (DM, HPN).

► Family history

- No consanguinity.
- No similar condition in family.
- No common disease in family.

► General exam

- **Temperature:** 37° c.>>improved.
- **Bl. Pressure:** 100/70 (Recombinant position), 60/40 (Standing position). → now improved.
- **Pulse:** Regular, 70 beat/minute, average volume, no special character, equal in both sides, intact peripheral pulsation, vessel wall is not felt, no radio-femoral delay.
- **Built:** Average built (now improved >>was under built).
- **color:** there is tanning in face, neck, dorsum of hands, palmar crease, elbow, knee, umbilicus, areola, knuckles, in axillae and in between thighs. There is also slate like pigmentation in m.m of inner lip, buccal mucosa, palate, gum, tongue, rectum (by proctoscope).
- **Mentality:** The patient is fully conscious, well oriented for time, place and person. Average mood and memory. The patient is co-operative with average intelligence.

► Local Examination

- There is tenderness in the renal angle.

► Investigation

- **Blood sample:**
 - ↓ cortisol
 - ↓ Na, ↑ k
 - ↓ blood glucose
 - Anemia, lymphocytosis, eosinophilia
- **Urine sample:** ↓ cortisol, 17 OHCs, 17 KCs
 - ↑ Na, ↓ k
 - ↑ volume.
- **X-ray, CT abdomen, chest.**

► Treatment

- Replacement therapy:
1. Corticosteroid.
 2. Mineralocorticoid.

► Diagnosis :

A case of hyperpigmentation most probably Addison's under replacement therapy most probably due to T.B in adrenal glands

Why addison's? (to be differentiated from renal failure which give the same picture but with no pigmentation in MM and no hypotension)

- ❖ Pigmentation in mm.
- ❖ Postural hypotension. (Bl. Pr. not exceed 110)